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Can a Change of Agency Culture Regarding Safety Reduce the Amount
of Children Being Placed in an Alternative Setting/Foster Care?

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STATE DOCUMENTS

Introduction

According to the Children's Defense Fund, in North Carolina, a child is abused or neglected every 21 minutes; a child dies before his or her first birthday every 8 hours; and a child or teen is killed by gunfire every 4 days. In South Carolina, a child is abused or neglected every 41 minutes; a child dies before his or her first birthday every 16 hours; and a child or teen is killed by gunfire every 6 days. Almost half (48%) of the children who have been in foster care will not be ready for kindergarten. These statistics indicate there is a lot of work to be done to ensure the overall welfare of children.

Problem Statement

This project was chosen to understand the reasons why South Carolina has so many children in foster care. Currently, South Carolina Department of Social Services (DSS) data indicates on average 2,496 children enters foster care annually due to neglect. Children in foster care place an unexpected stressor on parents or caregivers who have been caring for the child over a long period of time. Foster care can affect the children being removed from a familiar setting to one that is unfamiliar which may have a negative psychological impact on them. Our agency has worked diligently to come up with an ultimate goal to reduce the number of children placed in foster care by the end of this year. According to Connors, et. al (2004), only acceptance of greater accountability for results can get a person, a team, or an organization back on the path to success.

In order to change the method of how we do things, the culture of the organization has to accept the change. Connors, et. al (2004) define accountability as a personal choice to rise above one's circumstances and demonstrate the ownership necessary for achieving desired results—to See it, Own It, Solve It and Do It (p.47). Due to the significant change in methodology, workers

are confronted with change and managers will need to implement cultural changes as the agency transitions into the new appropriate response system.

Data Collection

The goal of my data collection is to indicate how many children are in foster care due to some form of neglect, and how many children exited foster care. Some of the methods used were collaborating with the South Carolina Department of Social Services State Office to acquire data, directive memos from the state director, interviewing various case workers, and DSS attorneys. Some of the most significant goals that were set were: 1) to increase positive permanency by 50% over the prior year by 06/30/12 for children in foster care 17 months or more; and

2) Increase adoptions by 50% over the prior year by 06/30/12. Increased “positive permanency” means increased reunifications, adoptions, and legal guardianships for children in foster care who have waited the longest for life-long families.

Here are the specific results thus far: Based on the data in 4DX (data collection implemented by state director/human services director) as of 10/31/11, we exceeded our statewide reunification goal of 151.1 by accomplishing 166 reunifications and we exceeded our statewide adoptions goal of 229 by accomplishing 236 adoptions; therefore, we exceeded our combined positive permanency goal of 380 by accomplishing 402 positive permanencies for the children in foster care.

Data Analysis

Based on statistical data, it is evident that the Department of Social Services is making progress toward accomplishing its goal regarding positive permanency. By establishing a great rapport, case workers and supervisors were able to meet with foster parents concerning issues of adoption and positive permanence. Supervisors and case workers collaborated together to

establish other options to determine the best placement for the child. Relatives who live out-of-state are good examples when determining placement of children that need to be placed until the caregivers correct the situation. For example, in Fairfield County, a co-worker had a case where two children were placed in Richland County with a foster family for a number of years; due to an issue that arose, the children were placed in Lancaster County for a few years and they were able to keep in contact with that initial foster family placement in Richland County. This year, my co-worker was able to contact the family and asked them if they were interested in providing a permanent home for these two children. Now they are in the process of finalizing this matter. Three factors associated with this change involve the familiarity of the kids to be adopted, the worker's persistence to place these children in a permanent home, and placing the child in a positive permanency home where their needs will be met. However, there are also some obstacles to fully implementing the new approach.

One main concern was how human service workers viewed the issue of child safety differently when making initial contact with parents. In interviewing case workers, there were various differences in how they would view a safety issue as opposed to a risk issue. The definition of "substantial risk of harm" means a risk of harm to a child that is not imaginary or illusory; real, true, or important; considerable in quantity behavior/environment poses a risk but no actual harm has happened. Safety is defined by the child being in imminent danger. For example, a safety issue may arise when the child reports to a worker that something blew up in their playhouse outside because mom was cooking something, indicating to the worker that she may have been making methamphetamine.

Safety was defined differently among case workers, and this provided an unclear view of how they assessed the problem when dealing with placing children in foster care/alternative

settings. For instance, when asked to define safety, case workers responded in the following ways: Safety was assessed based on the child's age, the environment the child/children was in, etc. When asked about the risk, case workers responded in the following ways: the parents or caregivers ability to parent, outside factors, such as if the parent is on drugs, or the presence of criminal domestic violence in the home. For example, the parent's intoxication level may or may not affect their ability to parent their children and this may place the child at risk but not be considered a safety concern.

Another problem centers on a new policy involving the case worker's ability to take an intake call regarding alleged abuse or neglect of a child, and speak with their supervisor to screen out the intake and offer services to the parent. In the past, some intake calls required direct follow-up by a case worker. Many case workers believed that this new approach could not be effective and thought this would present a danger because the families would not follow through on their own, however, some felt that this could work if they knew that someone would be there to ensure they would be going to the referred services or providers. All intakes will be consistent statewide which will help supervisors to make an improved decision that will be in the best interest of the child.

Some potential solutions based on the data collected, the children can remain in the home while the Department of Social Services completes its 45 day investigation with an appropriate care giver in the home. At the same time the agency can work with the parent(s) to address this issue or any other issues that may be present. The current process begins with an intake call to the office. The intake allegations are staffed with a supervisor. Once the supervisor determines that the allegations presented meets the legal definition of abuse and neglect, the report is assigned to an investigator. These reports consist of homes in deplorable conditions, drug abuse

by the parent(s), sexual abuse, and physical abuse. Once the investigation is complete, the investigator staffs the case with the supervisor to deem if it meets a finding of abuse or neglect. If there is no finding, the case is closed and kept on file.

With the new system, the intake worker receives the allegation and places it into a computer generated system. The intake worker will then complete an assessment on the information given to him or her regarding the allegations. If the case is low risk, then the case would be transferred out to contracted services (Family Strengthening Services). If the case is a moderate risk, the case would go to voluntary case management services. If the case is high risk, it remains with the Department of Social Services and a DSS worker will investigate the case. For example, if a caller calls the agency making allegations of a child not going to school, this would mostly likely go to the Family Strengthening Services. If a caller calls the agency making allegations of a child having marks but are not long and lasting, this would go to voluntary case management. Lastly if there's a call about sexual abuse, the DSS worker will go out and investigate this report. The Department of Social Services will investigate all reports that deal with safety. Once a case is given to Family Strengthening Services or Voluntary Case Management, then they go out within 5 to 14 days. If they should conclude a safety concern or issue, then the case would be staffed with a voluntary case liaison, supervisor, and given back to the Department of Social Services for investigation.

There is also the issue of caseworkers offering services to the parents without being involved. Caseworkers felt they could offer the services, but they wanted to ensure that parents were actually attending the services offered by the agency. Lastly, there was the concern of how the caseworkers can have a productive conversation willingly with parents after receiving information regarding neglect or abuse. Currently if a case is founded for abuse and neglect, it is

given to a treatment worker who will work with the family for at least six months. The new approach will allow Family Strengthening Services and Voluntary Case Management Services to work with the family for a longer period of time with no finding of abuse and neglect.

Implementation Plan

Currently, implementation is taking place in the Upstate, and the agency feels that there are good results from this new plan. Fairfield County will start the implementation of this new approach on March 26, 2012. The results of this new system will follow and be monitored by managerial staff. This will be cumbersome and problematic based on the county's small stature. For instance, our services will be contracted to Growing Homes located in Columbia, South Carolina. The mission of this agency is to enable at-risk children, youth and families to realize their potential and contribute to their community. They are committed to strengthening lives and promoting healthy communities, using a multi-disciplined treatment model focusing on the strengths of individuals and families through an array of specialized services. Communication is definitely a key concept in this new implementation process. Due to our traditional concepts and procedures, it will take time to successfully implement these new ways into our system.

Evaluation Method

Training will be the biggest factor to determine the effectiveness of the new implementation program. Collecting data, monitoring the number of referrals to the agency will determine the effectiveness of this new plan. The new appropriate system will consist of fifteen questions asked by the intake worker to determine if the case is a safety or at risk issue. There are benchmarks that will be utilized to determine which questions are too asked when taking calls regarding allegations of abuse and neglect. The system will alert you of the priority level using a color indicator. For example, high priority is red, moderate priority is orange, low

priority is yellow, and no risk is green which is screened out by the Department of Social Services. A no risk level means that the allegations did not meet the criteria for Family Strengthening Services, Voluntary Case Management Services, or Department of Social Services for abuse and neglect.

Summary

There is an estimate of 3,985 children in Foster Care across South Carolina, not including young people over the age of 18. South Carolina Department of Social Services data indicates that of the 3,477 children that entered care in 2010, 1,726 of those children or 49.64% exited care within 180 or fewer days. In 3 or fewer days, 260 exited care, 7 or fewer days 449 exited care, 35 or fewer days 987 exited care, 60 or fewer days, 1, 219 exited care. If too much emphasis is placed on placing children in foster care, more effective services and resources and safety alternatives may be overlooked. In speaking with the guardian's ad litem, the volunteers felt that caseworkers should look at other alternatives instead of placing children directly into foster care. Some of the DSS attorneys also felt that in order to place a child into foster care, the caseworker should have all facts and reasoning when determining if the child should be placed in foster care.

Although keeping children out of foster care is our desired goal, we must implement other services to ensure the safety of children. Foster care should only serve as a temporary solution for children and not a permanent one.

References

Children in the States Fact Sheets (2011). www.childrensdefense.org.

Department of Social Services Data Collections

Connors, Roger, Tom Smith, and Craig R. Hickman. *The Oz Principle: Getting Results through Individual and Organizational Accountability*. New York, NY: Portfolio, 2004.